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| REASON | | GRADE | Inspection Date: | | ESTABLISHMENT NAME: | |
| Regular | ✓ | | 02/12/2018 | | CSS- ALEE SHELTER FOR ABUSED CHILDREN | |
| Follow-Up | | 2 | Time in/Out: | | OWNER/OPERATOR: | |
| Complaint | | | 3:25pm 4:00pm | | CATHOLIC CHARITIES OF THE DIOC. OF AGRANA | |
| Investigation | | RATING | Sanitary Permit No.: | | LOCATION: | |
| Other: | | | 20000-1100010183 | | TAMUNING | |
| | | A | | | Establishment Type: | |
| | | | | | FOSTER GROUP DAY CARE | |
| | | | PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired | | | |
| No. of Children: 7 Male 2 Female 9 Total | | | Child Care License: No.: 160085 ✓ / Valid / / Provisional / / Expired | | | |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

Received By (Name & Title):

DEH Inspector (Name & Title):

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

R. ORIONO, EPHE $9m$ / V. RAYMUNO, EPHEZ